JOB NO.		REEL NO
		_
RETAKE CERTIFICATE		
For use of this form, see TM 12-257; the proponent agency is The Adjutant General.		
I HEREBY CERTIFY THAT THE MICROPHOTOGRAPHS		
APPEARING BETWEEN "START OF RETAKE" AND THIS "RETAKE CERTIFICATE" ARE TRUE COPIES OF		
THE RECORDS DESCRIBED BELOW .		
DATE	SIGNAT	URE OF CAMERA OPERATOR
END OF		
RETAKE		
		Λ Γ
		$H \cap \Gamma$